



**Client information:**

Name: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

May we text or email you patient reminders? Text / Email / Both / Neither

If you are a new client, please tell us how you heard about us: \_\_\_\_\_

Has anyone in your household tested positive for COVID-19 or exhibited any symptoms of COVID-19? Y or N

**Patient information**

Name: \_\_\_\_\_ Breed: \_\_\_\_\_

Age: \_\_\_\_\_ Sex: Male / Female / Neutered / Spayed

Reason for visit: \_\_\_\_\_

Important history: \_\_\_\_\_

Current medications: \_\_\_\_\_

Current diet: \_\_\_\_\_

Current heartworm & flea/tick prevention? \_\_\_\_\_

Are you interested in purchasing heartworm or flea/tick prevention today? If so, how many months' worth? \_\_\_\_\_

Pet Insurance Company? \_\_\_\_\_

Please put **the best phone number** the doctor is able to reach you at to discuss the visit:

\_\_\_\_\_

**Please circle if your pet has any of the following symptoms**

Coughing	Yes / No	Increased urination	Yes / No
Sneezing	Yes / No	Increased thirst	Yes / No
Itching	Yes / No	Loss of appetite	Yes / No
Vomiting	Yes / No	Limping	Yes/ No
Diarrhea	Yes / No		

After services are rendered, we will call or come to the car for payment.



Please have payment ready. Thank you for your patience.